09-03-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

07/13/2004

31625

7590

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. aintenance tee noutications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

AUSTIN, TX 7870	TMENT BLVD., SUITE 1500	SEP 0 2	2004 L	I hereby certify the States Postal Serve addressed to the transmitted to the Angela	Certificate of Mat this Fec(s) Traice with sufficient Mail Stop ISSUI USPTO (703) 746	ailing or Transmittal is bein postage for fine FEE address 4000, on the	ng deposited verst class mail above, or bedate indicated	with the United in an envelope peing facsimile below. (Depositor's name)	
Express wa		11100		6-10 C	1-2-01	1	~ ```	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/695,284 10/28/2003			Thomas J. V	Vamagiris	02093	020936,0536		3962	
TITLE OF INVENTION: T	ETHERLESS NEUROMUS	CULAR DISRUPTE	R GUN WI	TH LIQUID-BASED CA	PACITOR (LIQUI	D DIELECTR	IC)		
		vagym nos		DI DI IOA MON FEE		-ron pur	5177	e pue	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		10/13/2004	
nonprovisional	YES	\$665		\$300	 3:	000	10/13	3/2004	
EXAMINER A				CLASS-SUBCLASS					
BERGIN,	JAMES S	3641		102-502000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). U Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. M "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			• • • •						
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	an assignee is identified be 37 CFR 3.11. Completion of	elow, no assignee da of this form is NOT	ta will appe a substitute f	ear on the patent. If an as for filing an assignment, E: (CITY and STATE OR	signee is identifie	d below, the d AUONDAF2 0	ocument has	been filed for 0695284	
Southwest Research Institute				onio, Texas	01 FC:2501 02 FC:1504			665.00 OF 300.00 OF	
Please check the appropriate	assignee category or categor	ries (will not be prin	ted on the pa	itent); 🗘 individual	dicorporation or	other private gr	oup entity	government g	
4a. The following fee(s) are enclosed:			4b. Payment of Fee(s): X A check in the amount of the fee(s) is enclosed.						
D Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.						
☐ Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2148 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims SM	(from status indicated above IALL ENTITY status. See 3		l b. Applica:	nt is not claiming SMALL	ENTITY status. S	ee, e.g., 37 CFI	R 1.27(g)(2).		
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	ablication Fee (if required) v	vill not be accepted f	rom anyone						
(Anthorized Signature)		8 27 27	104						
This collection of information an application. Confidentiali submitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgina 22313-	n is required by 37 CFR 1.3 ty is governed by 35 US.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT 5 1450.	11. The information 122 and 37 CFR 1.1 0. Time will vary di ould be sent to the 0 SEND FEES OR CO	is required to 4. This coll- pending up- hief Inform MPLETED	o obtain or retain a benefit ection is estimated to take on the individual case. An ation Officer, U.S. Patent FORMS TO THIS ADDR	by the public which 12 minutes to comy comments on the and Trademark Of ESS. SEND TO:	ch is to file (and nplete, including amount of the file, U.S. Dept. Commissioner	to by the USPI ig gathering, in me you requif artment of Co for Patents, P	re to complete ommerce, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.